



OFFICE OF DIVERSITY AND CIVIL RIGHTS
547 W. Jackson Blvd., Chicago, Illinois 60661
Intake Phone (312) 322-6323, Fax (312) 322-4273
INTERNAL COMPLAINT FORM FOR EMPLOYEES

Section I:

 Name of Complainant

 Home Address

 City, State, Zip Code

Employee ID#: _____

Date of Alleged Discrimination or Incident: _____

Location of Incident: _____

Email Address: _____

Home Telephone: () _____ Work: () _____ Cell: () _____

 This form is used to file an internal complaint of discrimination under Title VII of the Civil Rights Act of 1964 and related statutes. Title VII of the Civil Rights Act of 1964 prohibits employment discrimination on the basis of race, color, religion, sex, national origin, and sexual harassment. Gender identify and sexual orientation are also viewed as forms of sex discrimination under Title VII.*

Discrimination is also prohibited by the Civil Rights Act of 1991, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA), the Rehabilitation Act of 1973, the ADA Amendments Act of 2008 (ADAAA), the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Uniform Services Employment and Reemployment Act (USERRA), the Pregnancy Discrimination Act of 1978, the Illinois Human Rights Act, and the Genetic Information Nondiscrimination Act of 2008 (GINA).

Section II:

Please indicate below why you think these alleged discriminatory acts were taken (check only the categories that support your clam of discrimination): **For Example: Religion** – State your religion: Muslim/Catholic (I am being discriminated on the basis of my religion, I was told not to wear my hijab/cross/ etc. during my job interview).

- | | |
|---|---|
| <input type="checkbox"/> Race – State your race: _____ | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Color – _____ | <input type="checkbox"/> Veteran’s Status |
| <input type="checkbox"/> Religion – State you religion: _____ | <input type="checkbox"/> Armed Forces Reserve or National Guard Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Unfavorable Military Discharge |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Arrest Record |
| <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Order of Protection Status |
| <input type="checkbox"/> Age – State your age: _____
(Please note that for age you must have been at least 40 years old when the matter of concern occurred.) | <input type="checkbox"/> Any Other Protected Category |
| <input type="checkbox"/> Sex – () Female () Male | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability – State your disability: _____ |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Reprisal (retaliation) |

Metra
OFFICE OF DIVERSITY AND CIVIL RIGHTS
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Please list the names of your co-workers (comparatives) that were treated differently: _____

Please specify the remedial action that you believe will resolve your complaint: _____

Signature: _____ Date: _____

This complaint will not be processed unless it is signed and dated by the Complainant

Upon completion of this form please submit it to the department representative below:

Office of Diversity and Civil Rights
Metra
547 West Jackson Boulevard
Chicago, IL 60661
Phone: (312) 322-6323
Email: metraeeo@metrarr.com

Note: The laws enforced by the Office of Diversity and Civil Rights prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws.